FILE #2097

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF LICENSE OR PERMIT

DECEMBER 22, 1984 — THIS LICENSE OR PERMIT EXPIRES

LEROY C. NORTHRUP — LICENSEE OR PERMITTEE

RR #3 — ADDRESS

LINCOLN, NE 68505

T11N; R7E; Sec 15; Lot 1 I.T.; 10701 No. 84 Street — NAME OF ESTABLISHMENT, IF ANY

ADDRESS

REMARKS: NON TRANSFERABLE NEW CONSTRUCTION

PERMIT	ACCOUNTING NUMBER	TOTAL
$ 60.00	018754	$ 60.00

Valid Receipt Only if Machine Receipted In This Space

Serial No. Date and Amount

APPLICATION

HEALTH

ISSUING OFFICER OR DEPARTMENT

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW

FORM 20103-0477
REQUEST FOR SITE CLEARANCE AND PERMIT
FOR INDIVIDUAL SEWAGE DISPOSAL SYSTEM
City Ordinance No. 9150 ☒
County Resolution No. 2832 ☐

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 474-1541

A

FILING FEE: $ 60

FILE NO. 2097

DATE: 6-18-84

The undersigned hereby requests SITE CLEARANCE and PERMIT to construct an Individual Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

1. Legal description of property: Twp. 11N ; Range 7E ; Section 15, ~~T~~
   Block _____ : Lot 1 I.T. : Addition ~~Irregular tract~~ SE 1/4
   Street Address 10701 (10901) No 84th

2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 3 . Describe _____

3. Type of Individual Sewage Disposal System: Septic Tank ☒ ; Other ☐

4. Distance to public sewer: — ft.

Leroy G. Northup
Signature of Applicant (Owner or Lessee)

RR#3 Lincoln
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 6/22/84. Date Frwd. 6/22/84. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Nodd

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 6-22-84. Date Frwd. 6-22-84. ACTION: Approved ☒ Disapproved ☐ Signature: Mel Schmidt

3. City or County Engineer: Date Rec'd. 6-22-84. Date Frwd. 6-22-84. ACTION: Approved ☒ Disapproved ☐ Signature: Dennis Bartels

REMARKS OR REASONS FOR DISAPPROVAL WELL PREEXISTING.

Site Visits:
Date: 8-8-84 by: RM
Date: _____ by: _____
Date: _____ by: _____

White: Health Dept. Copy
Yellow: Engineers Copy
Pink: Bldg. Inspector's Copy

INSTALLATION FINAL WRITTEN APPROVAL
Date: 8-8-84 By: Ron Maynard

FORM 20105-0477
SOIL ABSORPTION TEST DATA REPORT
(Annex to Application)
(Reference: City Ordinance No. 9150 and County Resolution No. 2832)

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

B

FILE NO. 2097

PROPERTY WHERE SOIL TESTED:

Location: Township 11N ; Range 7E ; Section & ¼ Section 15 SE¼
Property Dimensions: 308 ft. x 300 ft. Area: 2.11 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☒ .
Dates of Tests: 6-18-84 to 6-19-84. Weather: Precip. 0 Temp. 80°.

OWNER:

Address:

PERCOLATION TEST DATA TABLE

a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.	n.
		Pre-Saturation Period				Percolation Readings						Results	
		Start		End		Start			End				
Hold No.	Hole Depth (in.)	Date (Mo./ Day)	Time (Hr./ Min.)	Date (Mo./ Day)	Time (Hr./ Min.)	Date (Mo./ Day)	Time (Hr./ Min.)	Water Level (in.)	Time (Hr./ Day)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./in.)
1	30"	6-18	5 PM	6-19	3 PM	6-19	5:30 PM	7 3/8	6:00 PM	7 2/8	30	1/2"	
2								4 1/2		4 5/8		1/8"	
3								5 1/2		5 5/8		3/8"	
4								16 1/4		18 1/8		1 5/8"	
5								4 1/2		4 5/8		1/8"	
6								10 3/4		11 3/4		1"	
7								13		14 1/4		1 1/4"	
8								3 1/2		3 5/8		1/8"	
9								4 3/8		4 3/8		—	

Sum of Percolation Rates:
Average of Rates:
Mean of Rates:

Tony Schwarek Trenching
Signature of Person Conducting Test

Address 8200 old Cheney Phone 423-7294

(Do not write below this line)

REVIEWING ACTION

Remarks:
Soil Type (SCS): Sharpsburg Silty Clay Loam
Date: June 22, 1984

Approved Percolation Rate (a)
A. 53 min./inch
B. min./inch
C. min./inch

Jerrold C. Hood
Signature of Reviewing Official

	3:30	4:00	4:30	5:00	5:30	6:00	
1.	4"	$5\frac{1}{2}$"	$6\frac{1}{2}$"	7"	$7\frac{3}{8}$"	$7\frac{7}{8}$"	$\frac{1}{2}$"
2.	4"	$4\frac{1}{4}$"	$4\frac{3}{8}$"	$4\frac{1}{2}$"	$4\frac{1}{2}$" +	$4\frac{5}{8}$"	$\frac{1}{8}$"
3.	4"	$4\frac{1}{2}$"	$4\frac{5}{8}$"	$5\frac{1}{8}$" +	$5\frac{1}{2}$"	$5\frac{5}{8}$"	$\frac{3}{8}$"
4.	4"	$8\frac{3}{8}$"	$11\frac{1}{4}$"	14"	$16\frac{1}{4}$"	$18\frac{1}{8}$"	$1\frac{5}{8}$"
5.	4"	$4\frac{1}{4}$"	$4\frac{1}{2}$"	$4\frac{1}{2}$" +	$4\frac{1}{2}$" +	$4\frac{5}{8}$"	$\frac{1}{8}$"
6.	4"	6"	8"	$9\frac{5}{8}$"	$10\frac{3}{4}$"	$11\frac{3}{4}$"	1"
7.	4"	7"	$9\frac{1}{2}$"	$11\frac{3}{4}$"	13"	$14\frac{1}{4}$"	$1\frac{1}{4}$"
8.	$2\frac{3}{4}$"	$2\frac{5}{8}$"	$3\frac{1}{2}$"	$3\frac{1}{2}$"	$3\frac{1}{2}$" +	$3\frac{5}{8}$"	$\frac{1}{8}$"
9.	4"	$4\frac{1}{4}$"	$4\frac{1}{4}$"	$4\frac{3}{8}$"	$4\frac{3}{8}$"	$4\frac{3}{8}$"	—

FORM 20102-0477
PRELIMINARY PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☐

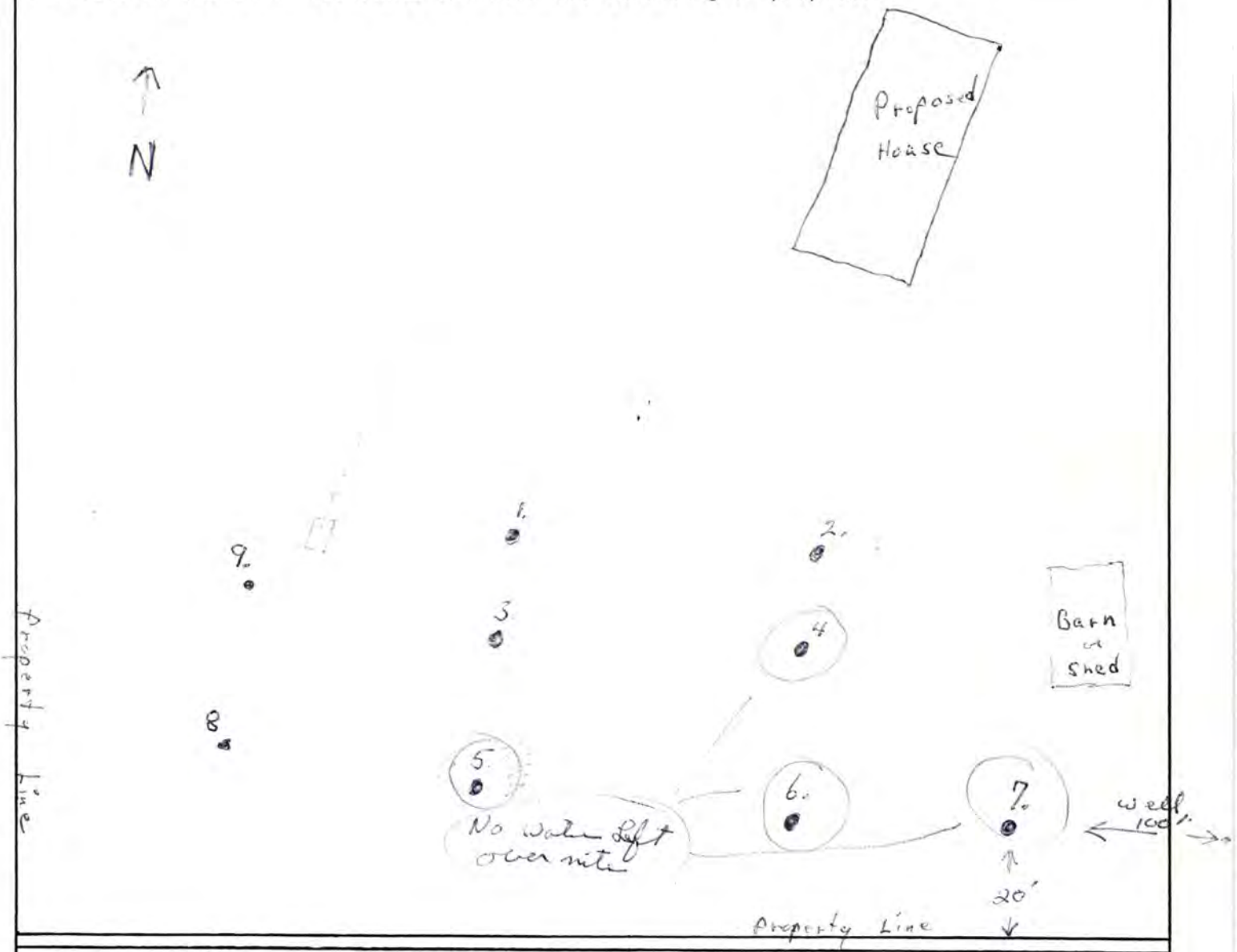
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

C

Sketch of property showing Percolation Test hole locations, well, residence, direction and property line.

FILE NO. 2097

Indicate on sketch if residence and well are exisiting or proposed.



REVIEWING ACTION

Remarks: _____

Date: ~~Jerrold C. Hoo~~ June 22, 1984

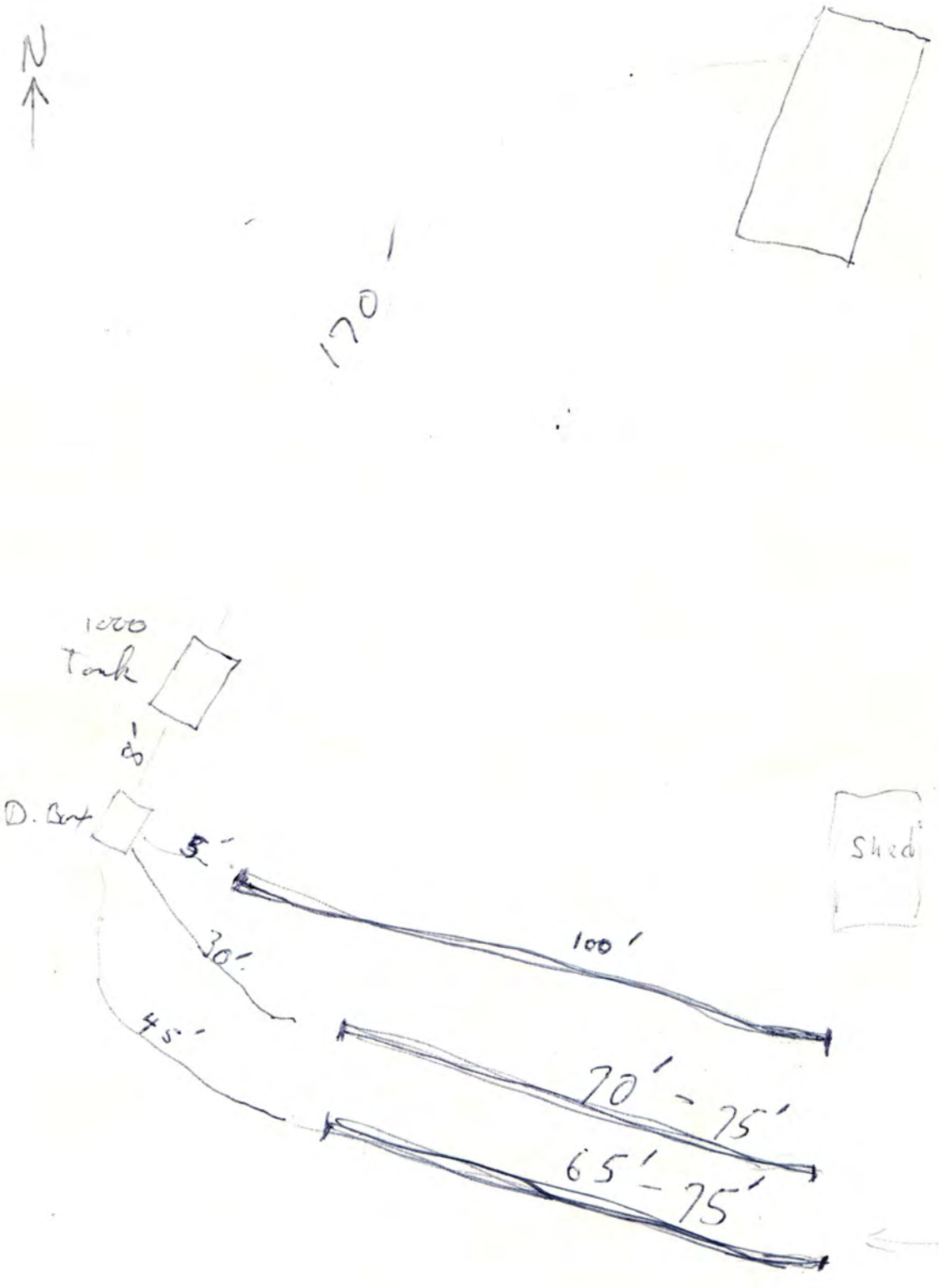
Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals _____ ft.
3. With a Trench Width of _____ in.
4. Total Area of Lateral needed 938 sq.ft.

Jerrold C. Hoo
Signature of Reviewing Official

PROPOSED

AS BUILT DRAWING OF SYSTEM

DATE_____ INSTALLER_____



FORM 20104-0477
PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☐

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 474-1541

D

DATE: 8-8-84

FILE NO. _____

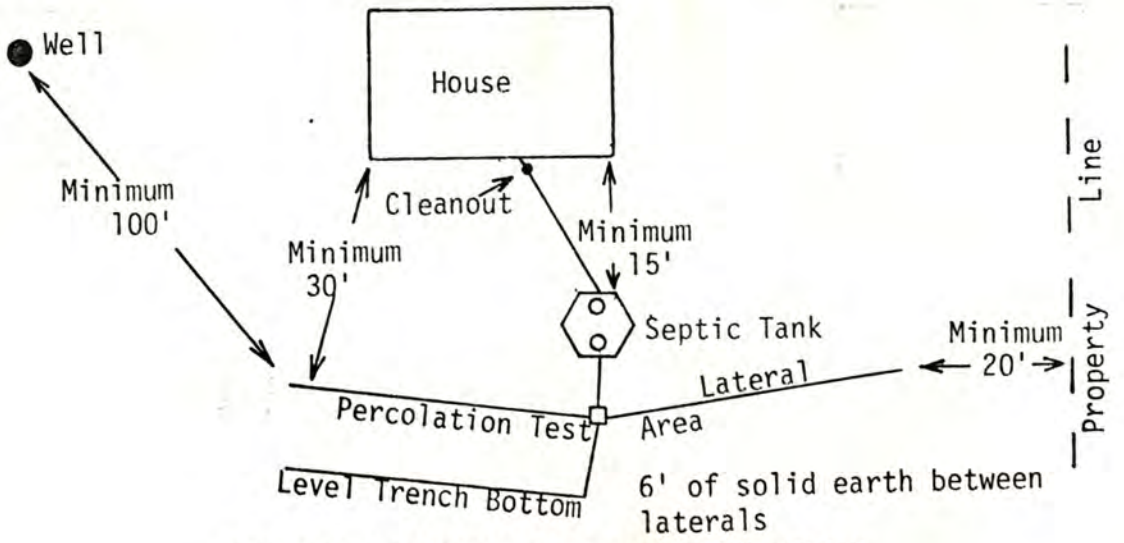
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material 3034; Diameter 4 in.
2. Distance above basement floor _____ in., or below basement floor 18 in.
3. Distance between dwelling and septic tank 177 ft.
4. Number of clean-outs 2.
5. Distances to:
Well or Suction Line 100'+ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

B. SEPTIC TANK:
1. Material Concrete; No. of compartments _____.
2. Capacity 1000 gals.;
3. Factory Built: Yes ☒ No ☐
(Company Pre Cast)
4. Manholes: Over Inlet; diam. _____ in.
Over Outlet; diam. _____ in.
Riser Above ☐ Below ☐ Grade ____ in.
5. Inlet: Baffle ☐ ; or Tee ☐
6. Outlet: Baffle ☐ ; or Tee ☐
7. Depth of top of tank below finished grade 16" in.
8. Distances to:
Well or Suction Line 100'+ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

C. DISTRIBUTION BOX:
1. Material Concrete; Number - available outlets _____.
2. Factory Built: Yes ☒ No ☐
(Company Pre Cast)
3. Distance from Septic Tank 5' ½ ft.

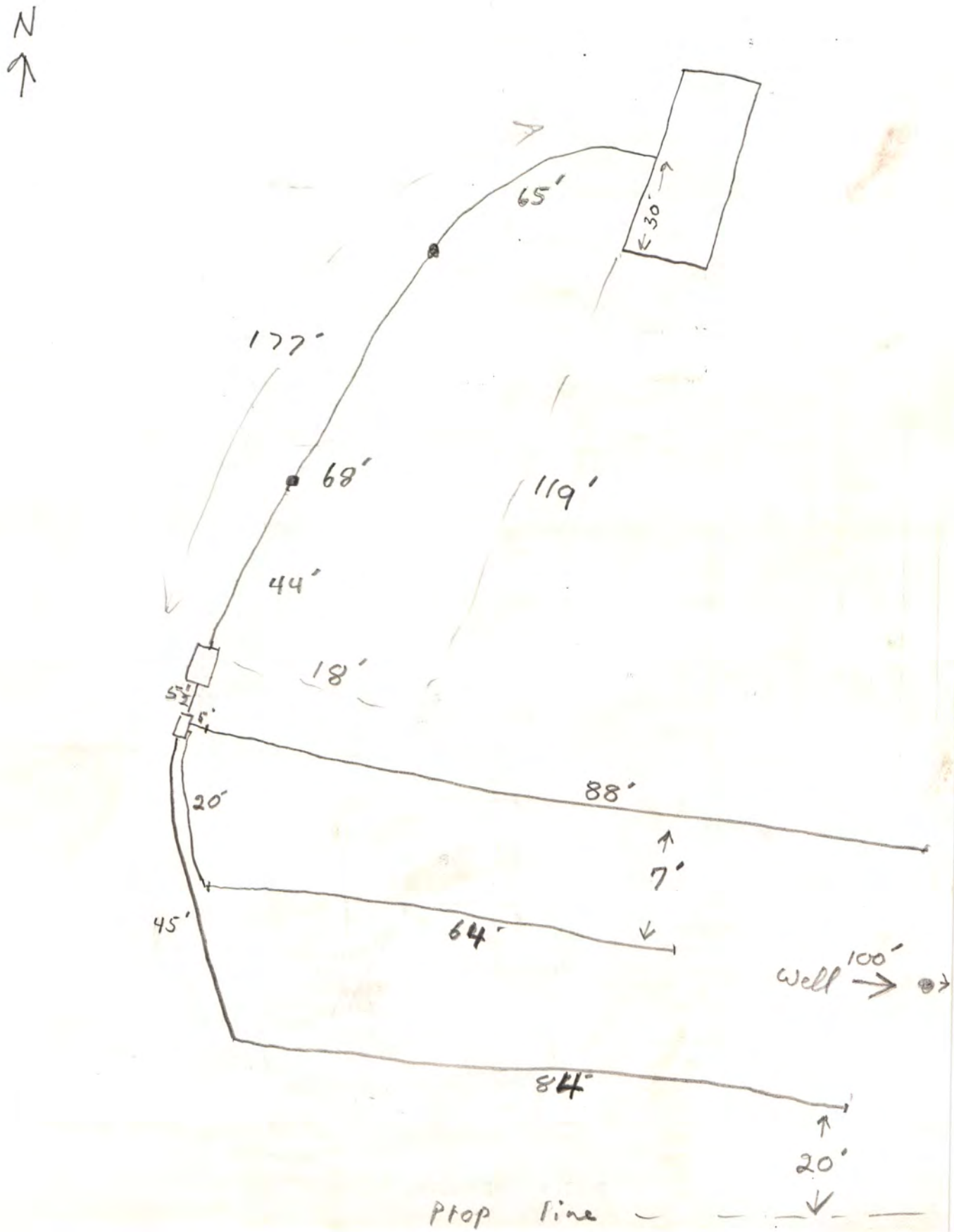
D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☒ Perforated Pipe ☐
Diameter of Half Round 18" or Perforated Pipe _____.
Material: fiberglass ☐ ; plastic ☐ ; concrete ☒ ; other _____.
2. Lateral Lines:
Number 3; Length of each line 88, 64, 84, _____, _____ ft.;
Total length of laterals 236 ft.;
Distance between lateral lines _____ ft.
3. Trench dimensions: Width 4 ft.; Slope 1" in/100 ft.; Average Depth 36" in.
4. Filter Material: _____
Depth of Material 24" in.
5. Distances to:
Well or Suction Line 105 ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line 20' ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

AS BUILT DRAWING OF SYSTEM

DATE 8-8-84 INSTALLER Larry Schwarek



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Lincoln-Lancaster County Health Department

2200 St. Mary's Avenue, Lincoln, Nebraska 68502 Phone: 441-8022

REAL ESTATE TRANSFER/LOAN APPROVAL FORM

Shadow Sancha

This form must be completed and returned to request a real estate transfer inspection.

MAKE CHECK PAYABLE TO: Lincoln-Lancaster County Health Department or LLCHD

☑ Enclosed is $150.00. Allow two weeks for processing. Incomplete information will delay processing.

☐ Evaluation of the Individual Water System ☑ Evaluation of the Sewage Disposal System

Legal Description of Property: Street Address 10901 N. 84

Twp 11 Range 7 Section 15 1/4 S 1/4 ___ Block ___ Lot 11 Addition ___

Directions to Property ___

1/3 mile north of 84th & Bluff Rd.

Location of Well SE corner of property Tap Location: Inside ☐ Outside ☑ Yard Hydrant

Location of Sewage System S.) Section - under garden Year Installed 1994

	NAME	ADDRESS	PHONE
Present Owner:	JOHN F BALLOU	10901 N. 84	466-4724
Tenant/Buyer:			437-2371 LORK
Return to:	same		

Signature of Applicant John F Ballou Address 10901 N 84 Lincoln NE 68517 Date 11/12/93

HEALTH DEPARTMENT USE ONLY

Date Received 11/12/93 Received $150.00 Check ☑ Cash ☐

PRELIMINARY STATUS--By R. Maynard **DATE:** 11/15/93

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM	Additional Site Visits
Construction	☑	☐	Approved ☑	Date ___/___/___ by ___
Bacteria	☑ 0 /ml	☐ ___ /ml	Provisional ☐	Date ___/___/___ by ___
Nitrate	☑ <10 ppm	☐ ___ ppm	Disapproved ☐	Date ___/___/___ by ___

Comments: Recommend checking to see if septic tank needs pumping.

See Attached Letter ☐

FINAL STATUS

WATER SYSTEM: Approved: ☑ **SEWAGE DISPOSAL SYSTEM** Approved: ☑ Provisional Approval: ☐

Approved by Ron Maynard R.S. Date 11/18/93

Approval or disapproval is based on State and local standards for construction, location and water quality. Inspection is based on visible construction and operation at the time of inspection. Approval or provisional approval does not imply or express a guarantee of system operations.

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